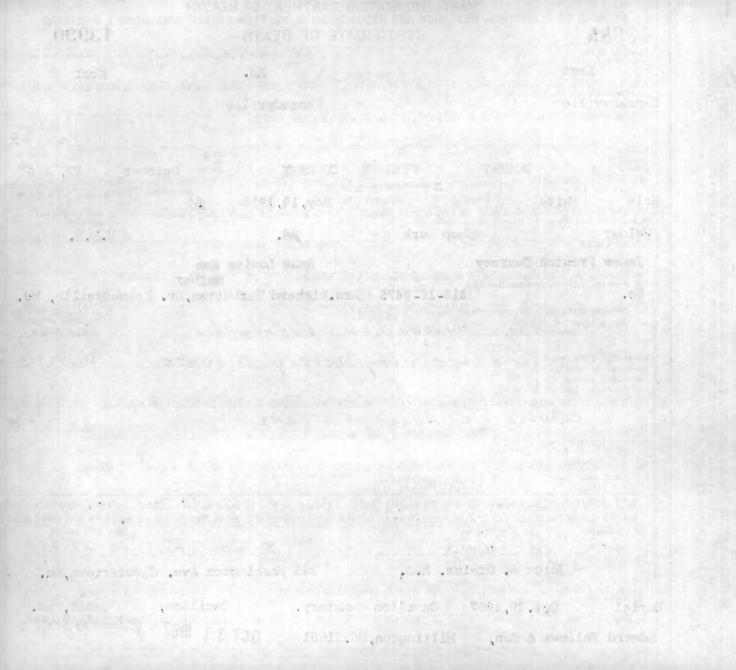


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1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
FOR STATE	13984 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 13989
HEALTH DEPT.	1. PLACE DF DEATH a. COUNTY A. COUNTY MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) b. COUNTY COUNTY MARYLAND
incessary, the funeral the funeral to be may be Department after death.	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) New Lul Pand 1 4
elay is need at the interest of the interest o	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES ND
\$\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	3. NAME DF First Middle Last 4. DATE Month Day Year DECEASED (Type or print) HARVEY GERBE (CLE III DEATH 10 28 1967
th. If form form 2 within within	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IFUNDER 1 YEAR IFUNDER 24 HRS. Months Days Hours Min. WIDOWED DIVORCED 2 yrs. WIDOWED 2
25 2 20	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLAGE (State or foreign country) Wilming face Del. 12. CITIZEN OF WHAT COUNTRY? Chilo
24 hours aften 18. G Office along File pages 1	13. FATHER'S NAME WMC. Cole Sandra Slaughter
l within 24 pencil in II miner's Off permit. Fil removal, au	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes give war or dates of service) NONE Harvey 2. (ale Betterton) and
uted wit "in pen Examine nsit peri	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) While sever in june to head tooley (performance)
AL EXAMINER: This certificate should be executed within 24 hou the certificate, writing the word "pending" in pencil in Item should be forwarded to the Chief Medical Examiner's Office r files. STOR: Page 3 should be used as a burial-transit permit. File possignated agent, prior to burial, cremation, or removal, and in	Conditions, if eny, which gave rise to immediate cause (a), stating the DUE TO (b) Caused by falling from Tracter, underneith DUE TO DUE TO
the word the word the Chief the Chief used as a to burial,	Underlying cause last. (c) C C C C C C C C C C C C C C C C C C C
vriting traded to uld be u	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO LEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 2 20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OP DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) See Auto-
NER: This ce ficate, writing forwarded ge 3 should d agent, pri	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, factory, street, office bidg., etc.) While at work at wor
Certifuld build be seen to see the see	21. I certify that I took charge of the remains described above, held an Autopsy, Inspection, Inquiry, and in my opinion
IEDICAL EXAMINER cute the certificage 4 should be r your files. DIRECTOR: Page a rits designated a rits designated a	death resulted from: Natural causes, Accident, Suicide, Homicide, Undetermined manner
EDI ge ge your its its	ACTUAL SIGNATURE REPORT AND ASSISTANT MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEPUT
D DEPUTY Miplesse executive director. Paretained for retained for pruneral I of Health or	EXAMINER'S NAME (Type) ROBERT W. FARR Address (Street, city, town, or county) 23a. BURIAL CREMATION. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State)
pleadire reta	BURIAL 10/30/1967 ODD FELLOWS CEM. SMYRNA. DEL.
VR A15ME 3500 4-64	24. FUNERAL DIRECTOR ADDRESS ADDRESS 25a. REGISTRAR 25b. REGISTRAR'S SIGNATURE DATE OCT 3 1 1967 CHARACTER OCT 3 1 1967

MERCEL TO THE PROPERTY OF A CASH PERSON OF THE PLACE SECONDER TO THE PARTY OF THE P The second secon Harvey Comment Out and the Comment THE RESERVE OF THE PROPERTY OF THE PARTY OF Selection of the Selection of the Symptom Street, Street, Atl the first state of the the third was The state of the second of the The fall of fall of the fall o se a report to the second of the second RLATIN Farry IND MANUEL W. FARR the many of the same and the first AND THE PROPERTY OF THE PARTY O

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Kent MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b Kennedvville Kennedvville d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE papers lin 72 l ON A FARM? YES NO X completely to NAME OF First Middle Last DATE Month Day Year 4. DECEASED and complet remove carb any event, v ROBERT PRESTON COURSEY (Type or print) DEATH October 27, 1967 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED NEVER MARRIED last birthday) Months! Days WIDOWED May, 19, 1913 Male White DIVORCED attending physician a ermit. Then please re on, or removal, and in = 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) 12. CITIZEN OF WHAT 10b. KIND OF BUSINESS OR 11. BIRT HPLACE (County & State, or foreign country) The law requires that the death certificate be INDUSTRY COUNTRY? Welder Shop Work U.S.A. Md. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Preston Coursev Anna Louise Roe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Mother Address been signed by the atten the burial-transit permit. r to burial, cremation, or (Yes, no, or unkown) ((If yes give war or dates of service) wirs.Richard Tarbutton, Sr. Kennedyville, Md. No. 213-16-8475 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN **ONSET AND DEATH** PART I. DEATH WAS CAUSED BY: by the hospital or attending physician. TEW WEEKS IMMEDIATE CAUSE (a) DUE TO Conditions, If any, which (b) gave rise to immediate DUE TO cause (a), stating the as th underlying cause last. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY for use Health p PERFORMED? FAILURE. CONGERTIVE NO R YES [20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of Injury in Part I or Part II of Item 18.) etached f Dept. of MEDICAL 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Hour a.m. Not While While 19 at work at work p.m. DIRECTOR: Afi age 3 should b retained from JUNE 10, 1967, to 10-14-, 1967, that (I) (we) last and that death occurred at $\frac{1}{2}$ A M, from the causes and on the date stated above. 21. I certify that (I) (this hespital) attended the deceased from saw the deceased alive on 22b. DATE SIGNED 22a. SIGNATURE MED.
DIRECTOR 22d. ADDRESS 22c. PHYSICIAN'S director, p 225 Washington Ave. Chestertown, Md. Jorge A. Oteiza. M.D. 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) BURIAL, CREMATION. REMOYAL (Specify) Cecilton, Cecil. Md. Oct. 29, 1967 Cecilton Cemetery. Burial PENTRARYS SIGNATURE 25a. REC'D BY REGISTRAR 1-25b. ADDRESS 24. FUNERAL DIRECTOR Millington, Md. 21651 Edward Fellows & Son. VR A15 (4) 20M 1/65



1 1	MARYLAND STATE DEPARTMENT OF HEALTH 13985 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	DO A - Kent - 2 A. Hay MEDICAL EXAMINER'S CERTIFICATE OF DEATH	13991
HEALTH DEPT.	1. PLACE OF DEATH a. COUNTY AMARYLAND 2. USUAL RESIDENCE (Where deceased lived, if institution: Pes b. COUNTY c. STATE c. STA	.//
y delay and 3 PM3 Pa	(White RURA and give nearest own) RURAL CENTREVILLE	give nearest town)
e Dep	d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS d. STREET ADDRESS	ON A FARM? YES NO NO
24 haurs after death. If in Item 18. Give Pages I r's Office along with Yarn ss I and 2 with the State Differ death.	DECEASED (Type or print) LIEWIS BANCROFT DAVIS DEATH OCTOBER	21, 1967
haurs aft tem 18. G Office alo and 2 with	MALE White WIDOWED DIVORCED July 13, 1900 (ast birthday) Wonth	hs Days Haurs Min.
within 24 haurs a pencil in Item 18. xaminer's Office al ile pages land2 w hours after death.	10a. USUAL OCCUPATION (Give kind of work done during not of working life, even if retired) 10b. KIND OF BUSINESS OR II. BIRTHPLACE (State or foreign country) 11c. BIRTHPLACE (State or foreign country) 11c. BIRTHPLACE (State or foreign country) 11d. WOTHER'S NAME 11d. MOTHER'S MAIDEN NAME	U.S.A.
d within in pencil Examine File pag	GEORGE Solomon DAVIS HELENA LUCRETIA CROW 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT WIFE Address	while hield
ld be executed in Chief Medical E. transit permit. Flevent within 72	(Nes no result nown) (If was give war at dates of service)	
should be executed wir ne ward "pending" in pe ta the Chief Medical Exar buriol-transit permit. File n any event within 72 ho	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO DUE TO Coroning Occlusion	30 MARCH AND DEATH
INER: This certificate should be executed within 24 haurs afte e certificate, writing the ward "pending" in pencil in Item 18. G shauld be farwarded to the Chief Medical Examiner's Office alon files. 3 should be used as a buriol-transit permit. File pages I and 2 with tian, or remayal, and in any event within 72 hours after death.	Conditions, if ony, which gove rise to immediate cause (a). Stating the underlying cause lost. (b) Urlevoclistic Heart Process (c)	Squis
: This certifi tificate, writii ld be farward uld be used o	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)	19. WAS AUTOPSY PERFORMED? YES NO
MEDICAL EXAMINER: This please execute the certificate, director. Page 4 shauld be foretained far your files. DIRECTOR: Page 3 should be ut to burial, crematian, or rema	20a. EXTERNAL CAUSE WAS PRIMARY ar CONTRIBUTING CAUSE OF DEATH.	
	Haur a.m. While Not While of wark foctory, street, affice bldg., etc.)	(Caunty) (State)
DEPUTY MEUTAL EXAM ressary, please execute the funeral directar. Page 4 way be retained for your FUNERAL DIRECTOR: Page saith prior to burial, cremo	death resysted fram: Natural causes X, Accident [], Suicide [], Homicide [], Undetermined manner	, and in my opinion
o DEPUTY MEDICA necessary, please ex the funeral director. S may be retained for prior to burior Health prior to burior	ACTUAL SIGNATURE SIGNATURE M.D. ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER	MORE, MARYLAND 21201 OF DEATH (Where deceased lived, if institution Residence before admission) (ALL DATE OF DEATH DOY YES NO PART 10 PART
	NAME (Type) John K, Smith, Jr. Address (Street, city, town, or county) Centresi	(County) (State)
	BURIAL Oct, 24, 1967 Chester-Field CEMETERY CENTRANCE, O.A.	Co Md.
VR A15ME (5) 6M 1/67	Jame H. Berton B. Boston Sur Centreville, MW, DATACT 25 1967 golis	was Judge

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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13992

e IS RESIDENCE ON A FARM?

Year

1960-

IF UNDER 24 HRS

Hours

19. WAS AUTOPSY PERFORMED?

(County)

(County)

NO K

(Stote)

and in my apinian

22. DATE SIGNED

YES

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Dovs

12. CITIZEN OF WHAT

COUNTRY?

IF UNDER 1 YEAR

Months

NO V

MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH DEPT. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceosed lived, if institution: Residence before admission) o. COUNTY o. STATE b. COUNTY MARYLAND b. CITY OR TOWN (If autside corporate limits, c. LENGTH OF STAY IN 1b write RURAL and give nearest town) write RURAL and give negrest town) d. NAME OF HOSPINAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS farm 00 Gives Pages be executed within 24 hours ofter death. NAME OF Middle DATE Month Wif DECEASED a (Type or print) DEATH 5 S. SEX 6. COLOR OR RACE DATE OF BIRTH AGE (In years lost birthdoy) in Item 18. 0 hours after deoth WIDOWED DIVORCED the Chief Medical Examiner's Office 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR Stote or foreign country) during most of working life, even if retired) FATHER'S NAME arun in pencil 14 MOTHER'S MAIDEN NAME within 72 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT permit. 1 (Yes, no, grunknown) (If yes give wor or dotes of service) pending" Mossey 18. CAUSE OF DEATH (Enter only one couse per line for (o), buriol-transit PART I. DEATH WAS CAUSED BY any event MEDICAL EXAMINER: This certificote should pleose execute the certificate, writing the word DUE TO Conditions, if ony, which gove (b) rise to immediate couse (o), p = DUE TO stoting the underlying couse forwarded pup lost removol PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 20o. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) 3 shauld PRIMARY Or CONTRIBUTING cremation, or CAUSE OF DEATH MEDICAL 20c. TIME OF INJURY Month, Doy, Yeor 20e. PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED (City or town) Hour o.m. foctory, street, office bldg., etc.) Not While FUNERAL DIRECTOR: Page ot work ot work 21. I certify that I taak charge of the remains described above, held an Autopsy Inspection Inquiry death resulted fram: Natural causes . Accident Suicide Hamicide Undetermined manner refained CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER

Address (Street, city, town, or county) 23d. LOCATION (City or Town)

DEPUTY MEDICAL EXAMINER

Massey Cemetery.

Kent, Massey, 2So. REC'D BY REGISTRAR

(Stote) Md.

VR A15ME (S) 6M 1/67

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O DEPUTY necessory, Health prior

NAME (Type) 23o. BURIAL CREMATION

Burial (Specify)

24. FUNERAL DIRECTOR

Oct.6,1967

Edward Fellows and Son.

ADDRESS

Millington, Md. 21651

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

Page 4 may be retained by the haspital ar attending physician.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13988

CERTIFICATE OF DEATH

13993

	0000						
1.	PLACE OF DEATH	Y. O. H. C.			Where deceosed lived, if institut		ore odmission)
	COUNTY Kent		MARYLAND	° Maryland	I b. cou	nt	
	i. Cit i ok lowin (il outside corpor	ote limits,	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If ou	tside corporote limits, write RU		est town)
	write RURAL and give nearest to Chestertown	iwn)	41 days	Chestert	own		14-1
	. NAME OF HOSPITAL OR INSTITUTION	ON (If not in hospitol, g	ive street oddress)	d. STREET ADDRESS			e. IS RESIDENCE
	Kent & Queen	Anne's Host	ital. Inc.	121B Was	hington Avenu	ie	ON A FARM?
	IAME OF	First	Middle	Lost	4. DATE Mon		y Yeor
	Type or print) Dr.	Harry	Hayward	Hamilton,	OF DEATH Oct	ober 6	19 67
S.	EX 6. COLOR OR R	RACE 7. MARRIED	X NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years	IF UNDER I YEAR	IF UNDER 24 HI
M	ale White	WIDOWED	DIVORCED	7/21/1881	last birthdoy) 86 yrs.	Months Days	Hours Mi
	USUAL OCCUPATION (Give kind of wo		ND OF BUSINESS OR	11. BIRTHPLACE (County	S Stote, or foreign country)	12. CITIZEN C	OF WHAT
auri	ng most of working life, even if retire Doctor	Med	USTRY ical	Canada		COUNTRY	S.A.
	FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME		
	Clarles Wesley H	Hamilton		Frances	White		
15.	WAS DECEASED EVER IN U.S. ARMED I	FORCES? 16. S	OCIAL SECURITY NO. 17.	INFORMANT	Addre	ess	
116	, no, or unknown) (If yes give wor o	050	0-07-0286	Hospital Rec	ords		
	18. CAUSE OF DEATH (Enter only	one cause per line for	(o), (b), ond (c).)				ITERVAL BETWEEN
	PART I. DEATH WAS CAUSED IMMEDIATE	BY: E CAUSE (o) A.S.	.C.U.D. FA	ueltiple	STROKE	25 - 19°	NSET AND DEATH
	43.21	DUE TO		/			
	Conditions, if ony, which gove rise to immediate couse (a),	(b)					
	stoting the underlying couse (a),	DUE TO					
	lost.	(c)					
2	PART II. OTHER SIGNIFICANT COND	ITIONS CONTRIBUTING TO	D DEATH BUT NOT RELATED TO	THE TERMINAL DISEASE CON	DITION GIVEN IN PART 1(0)	19	WAS AUTOPSY PERFORMED?
CATIC	DIAbete	s mell	eties	PyeloNE	PARITES	1	YES NO
CERTIFICATION	20o. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEA	20b. DES	CRIBE HOW INJURY OCCURRED	(Enter noture of injury in F	Part I or Port II of item 1B.)		
	(IF EITHER, NOTIFY MEDICAL EXAMIN						
MEDICAL	2Dc. TIME OF INJURY Month, Doy,			ACE OF INJURY (Home, form tory, street, office bldg., etc.)	, 2Df. (City or town)	(County)	(Stote
W	p.m.	19 While of work					
	21. 1 certify that (I) (#		ed the deceased fram_		967, ta 10/6		hat (I) (we)
	saw the deceased alive	an 10/6	19 <u>_67</u> , and the	at death accurred at_	10 A M, fram causes	and an the da	te stated ab
	220. SIGNATURE		12-00	ATTENDING ATT	MED. STAFF	22b. DATE SIGI	NED / >
	X/as	cy t k	ass m	.D. PHYS.	DIRECTOR L PHYS. L	10-	1-101
	22c. PHYSICIAN'S NAME (Type) Dr. H	arry P. Ro		22d. ADDRESS	stertown, Mary	vland	
	DESIDELES 10 10 1	DATE THEREOF	23c. NAME OF CEMETERY OF		23d. LOCATION (City or To	own) (Count	(Stote)
-		10,1967	Silverbrook		Wilmington,	COLUMN A DIC COLUMN	
24	FUNERAL DIRECTOR		Ch 1 ADDRESS .			EGISTRAR'S SIGNATU	
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MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CERTIFICATE OF DEATH

13995

	o. COUNTY				Q STATE .		eceased lived, if instit b. CO	UNTY		
	Kent								Anne*	
		If outside corporate fimit d give nearest town)	'S,	c. LENGTH OF STAY	IN 1b c. CITY OR TO	WN (If outside co	porote limits, write F	RURAL ond giv	ve neorest to	wn)
	Chester			5 days	Sudle	ersville				17-0
		TAL OR INSTITUTION (If no	ot in hospitol,	give street oddress)	d. STREET ADD	RESS			0. 19	RESIDENCE
	Kent &	Queen Anne*	s Hosp	ital. Inc.		0.460			YES	N A FARM?
	NAME OF	Fi	irst	Middle	lost	4. DA	TE Mo	onth	Doy	Year
	DECEASED (Type or print)	MARY		EMMA	JARRELL	OF DE	ATH Octob	or	5	19 67
-	SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE			9. AGE (In years	IF UNDER		UNDER 24 HR
F	emale	White	WIDOWED				lost birthdoy) 86 yrs.	Months	Days H	lours Min
100	. USUAL OCCUPATION	N (Give kind of work done		ND OF BUSINESS OR	11. BIRTHPLAC	E (County & State, o	or foreign country)		ITIZEN OF WI	TAF
uur	Housewif	life, even if retired)	IN	DUSTRY Home	O.A. Cr	. Maryl	and	(1	U.S.	A
	FATHER'S NAME				14. MOTHER'S		and		UaDal	8.
1	William	Varminatan					or in the con-			
_		Harrington R IN U.S. ARMED FORCES?		SOCIAL SECURITY NO.	17. INFORMANT	e V. Sp	arks	I		
		(If yes give wor or dates		SUCIAL SECURITY NO.	17. INFURMANT		Add	dress		
	No		2:	13-22-6063	Hospital	Record	S			
	18. CAUSE OF D	EATH (Enter only one cou	ise per line for	(a) (b) and (a))					LAITEDAL	
		artis (Line) one one coc	so ber mie ioi	(0), (b), ond (c).)						AL BETWEEN
	PART I. DEA	TH WAS CAUSED BY:		100	-U.D.					AND DEATH
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0)	A. S. C	-U.D.				ONSET	AND DEATH
	PART I. DEA 4211	TH WAS CAUSED BY: IMMEDIATE CAUSE DUE	(o) TO D	100	-U.D.	d to	1112 4800	Sont	ONSET	
	PART I. DEA #21 / Conditions, if ony rise to immediate	TH WAS CAUSED BY: IMMEDIATE CAUSE DUE , which gove te couse (o),	(o) TO Pe	A. S. C	yederra	duete	Myocar	deap	ONSET	AND DEATH
	PART I. DEA # 2	TH WAS CAUSED BY: IMMEDIATE CAUSE DUE , which gove te couse (o),	(o) TO Pe	A. S. C	y ederra	,	0		ONSET	AND DEATH
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10 HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after-death. TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the fune director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, within 72 hours after death. VR A15 (4) 25M 1/67

Page 4 may be retained by the haspital ar attending physician.

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician ond completely filled in by the director, page 3 should be detoched for use as the buriol-transit permit. Then please remove corbon papers. Pages I should be diled with the State Dept. of Health priar to buriol, cremotion, or removol, and in any event, within 72 hours after

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed with 124 hours

Page 4 moy be retoined by the hospitol or attending physician.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

13996

13991

CERTIFICATE OF DEATH

1	. PLACE OF DEATH o. COUNTY					2. USUAL RESIDENCE (ved, if institution: F	Residence before	odmission)
	o. COUNTY Kent			MARYLA		Naryland		Kent		
	b. CITY OR TOWN write RURAL on	(If outside corporate limit of give nearest town)	S,	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (If or	itside corporote lir	nits, write RURAL o	nd give neorest	town)
	Chester	ctown		12 days		Kennedyv	ille			14-1
1	d. NAME OF HOSPI	TAL OR INSTITUTION (If n	ot in hospitol, g	give street oddress)		d. STREET ADDRESS			•	e. IS RESIDENCE ON A FARM?
/		Queen Anne				Box 35			,	VES NO
3	NAME OF DECEASED		rst	Middle		Lost	4. DATE OF	Month	Day	Year
	(Type or print)	Clar		R.		Johnston	DEATH	10	12	1967
S	. SEX	6. COLOR OR RACE	7. MARRIED .	NEVER MARRIED		8. DATE OF BIRTH			UNDER 1 YEAR onths Dovs	Hours Min.
	Female	White	WIDOWED	DIVORCED		8/23/77		O yrs.	nths Doys	Hours Min.
10	Oo. USUAL OCCUPATIO	N (Give kind of work done		ND OF BUSINESS OR		11. BIRTHPLACE (County	& Stote, or foreign	country)	12. CITIZEN OF	WHAT
d	wing most of working Housewife	life, even if refired)	IN	DUSTRY		Kent Co.,	Marylan	ь.	COUNTRY?	
_	3. FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		UD	
1	Thomas NM	N Redmile				WILHEL	MINIA	SILC	COX	
1	S. WAS DECEASED EV	ER IN U.S. ARMED FORCES?	16. 5	SOCIAL SECURITY NO.	17.	INFORMANT		Address		
L	No	(If yes give wor or dotes	22	0-12-2178	Но	spital Reco	rds Che	stertown	, Md. 2	21620
Г	18. CAUSE OF D	EATH (Enter only one con	se per line for	(o), (b), ond (c).)	-					RVAL BETWEEN
	PART I. DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE	(0) Can	mary U	lus	embours			ONS	ET AND DEATH
	4301	DUE						F. 11 .63		
L	Conditions, if ony		(b) Caro	more arti	ria	selvini			01	Jenn
	rise to immedio		, ,				11.034 V	0.31 10 3		· ·
L	stoting the under	erlying couse	(c)			1				
2	PART II. OTHER S	IGNIFICANT CONDITIONS	ONTRIBUTING T	O DEATH BUT NOT RELAT	ED TO	THE TERMINAL DISEASE COI	NDITION GIVEN IN	PART I(o)	19.	WAS AUTOPSY PERFORMED?
ATIO									y E	
CEPTIFICATION	20o. ACCIDENT WA	CAUSE OF DEATH	20b. DE	SCRIBE HOW INJURY OCC	URRED.	(Enter noture of injury in	Part I or Port II o	f item 18.)		
4	(IF EITHER, NOTIFY	MEDICAL EXAMINER)		LUIDY OCCUPATED. To	n pla	CF OF INTERVAL	1 001 163		10	(6: -)
MEDICAL	Hour o.	URY Month, Doy, Yeor m. m. 19	While	Not While		ICE OF INJURY (Home, form tory, street, office bldg., etc.		y or town)	(County)	(Stote)
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		eceased alive an_				t death accurred at	M, fro	am causes and	an the date	stated abave
	220. SIGNATURE	Heet W	De	·	М.	ATTENDING (3)	MED. DIRECTOR	M. STAFF PHYS.	22b. DATE SIGNE	-110
	22c. PHYSICIAN'S NAME (Type		t W. Fa	arr		22d. ADDRESS Chesterte	own, Mar	yland 21	620	
2	30. BURIAL, (REMATI	ON. 23b. DATE TH	EREOE	23c. NAME OF CEMETE	RV OR	CREMATORY	23d LOCATIO	ON (City or Town)	(County)	(Stote)
1	BURIAL	1				LE CEMT	KENNE	EDYVILLE	E KEN	T MD.
	24. FUNERAL DIRECTO	OR,		ADDRESS	10	MD 2So. REC'I	BY REGISTRAR		RAR'S SIGNATUR	
	VICTOR /	V, KENNE	77	SIILL FOI	10,	DATE	T 17 19	167 900	worldy)	uses

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TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Daerold director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages, Land 2 should be filed with the State Dept. of Health prior to burial, crematian, or removal, and in any event, within 72 hours after death.

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours

Page 4 may be retained by the hospital or attending physicion.

VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

3992

CERTIFICATE OF DEATH

13997

	COUNTY Kent			MAD	YLAND	2. USUAL RESIDENCE a. STATE		b. COU	NTY	ce before admi	ssian)
		If outside carparate limits		c. LENGTH OF STAY		c. CITY OR TOWN (If o			ent	negrest town	
	write RURAL and	vrite RURAL and give nearest town)						ile illilis, wille Ko	KAL WIN GIVE) // /	
	Chester			5 days		Chester	rtown			1711	CIDENCE
0		AL OR INSTITUTION (If no				d. STREET ADDRESS	EAU			e. IS KE	SIDENCE FARM?
3. NAM	Kent &	Queen Anne	s Hosp	ital		204 Co	llege A	Avenue		YES [NO X
	IAME OF DECEASED	Fie	st	Middle		Last	4. DATE	Mon	th	Day	Year
(Type ar print)	Но	race			Moore	OF DEATH	1	0	1 1	967
s. S	EX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIE	8.	DATE OF BIRTH	9	AGE (In years	IF UNDER 1		DER 24 HRS.
	Male	Negro	Signature	DIVORCE	0 0 8	3/31/1900		last hirthday) Yrs.	Months	Days Haur	s Min.
Oo. Urir	USUAL OCCUPATION ng most of warking COOK	l (Give kind af work done life, even if retired)		ND OF BUSINESS OR DUSTRY		11. BIRTHPLACE (Caunty		reign country) yland		12. CITIZEN OF WHAT COUNTRY 2	
13.	FATHER'S NAME					14. MOTHER'S MAIDEN	NAME		9100	12 4	
	Willie			Moore		Ethel		Hen	nry		
S.	WAS DECEASED EVE	R IN U.S. ARMED FORCES? (If yes give war or dates o	16. 9	OCIAL SECURITY NO.	17. IN	FORMANT	1 1 1 1 1	Addr	ess		
(y es	Yes	(It yes give war or dates o	service) 2	18-05-474	Host	ital Rec	ords	Cheste	rtown.	Md.	
T	18. CAUSE OF DI	EATH (Enter anly one cau	se per line for	(a), (b), and (c).)				000.00		INTERVAL	BETWEEN
	PART I. DEAT	TH WAS CAUSED BY: IMMEDIATE CAUSE	//	brellen or	2	. Can a	cal	20.1		ONSET ANI	DEATH
	3311	DUE DUE	. ,							4	7/-
	Conditions, if any	which cave	_	franci	00.					U.	
	rise ta immediat	e cause (a),	(b)	(10000						Jean	7
	stating the under	rlying cause							1.00	1100	
-			(c)	A REATH BUT NOT BE	AFED TO TH	E TENUNUAL DISEASE CO	UDITION OF	21 IN DARY 1/ 1		I 10 WAS AL	ITOOCY
AIION	PART II. UTHER SI	GNIFICANT CONDITIONS CO	ONIRIBUTING T	O DEATH BUT NOT KEE	AIED IO IH	E TERMINAL DISEASE CO	INDITION GIVE	:N IN PARI I(a)		19. WAS AI PERFOI YES	NO 4
E		S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY O	CCURRED. (E	nter nature af injury in	Part I or Par	t II af item 18.)			
MEDICAL	Haur a.r	10	While	JURY OCCURRED Not While		OF INJURY (Hame, far y, street, affice bldg., etc		(City or town)	(Cou	inty)	(State)
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		fy that (I) (this has		19 <u>67</u> ,	and that	death accurred at	925 b N	1, fram causes	and an th	才 , that (I) ne date stat	(we) last ed abave
1	22a. SIGNATURE						Hen		22b. DA	TE SIGNED	
			al	Dick	M.D.	ATTENDING PHYS.	MED. DIRECTOR	PHYS.	10-	1-6	7
	22c. PHYSICIAN'S NAME (Type)		Dick		The V	22d. ADDRESS Chesterto	own, Ma	aryland :	21620	/	
23a.	BURIAL, CREMATIC	ON, 23b. DATE THE	REOF	23c. NAME OF CEM	Y	REMATORY	23d. LO	CATION (City or To		(County)	(Stote)
(REMOVALYSpecify	1 1 1 1	167	JANG.	J CK	METERY	Ch	esles	ONN		, Md
24.	FUNERAL DIRECTO	8mi		ADDRESS			D BY REGISTE		EGISTRAR'S SI		
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Millington, Md. 21651

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Edward Fellows & Son.

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Dr. Eghant R. Fare

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13995 CERTIFICATE OF DEATH

14200 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. COUNTY Kent Maryland b. COUNTY Kent MARYLAND b. CITY OR TOWN (If outside carparate limits, write RURAL and give negrest tawn) C. LENGTH OF STAY IN 1h c. CITY OR TOWN (If autside carparate limits, write RURAL and give negrest tawn) 1 42 hours Rock Hall Chestertown d. NAME OF HOSPITAL OR INSTITUTION (If not in haspital, give street address) d. STREET ADDRESS e. IS RESIDENC ON A FARM? Rt. #1 , Box 297 Kent & Queen Anne's Hospital YES NO V NAME OF Middle 4. DATE Last Month Day Year DECEASED OF DEATH Marguerite Elizabeth Thompson 67 (Type or print) 10 19 IF UNDER 24 HRS. 6. COLOR OR RACE 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR 7. MARRIED 130 NEVER MARRIED birthday) Manths Days Hours Female White 10/26/1896 WIDOWED 10a. USUAL OCCUPATION (Give kind af wark done during mast af warking life, even if retired)
Housewife 10b. KIND OF BUSINESS OR 11. BIRTHPLACE (Caunty & Stote, ar foreign country) 12. CITIZEN OF WHAT COUNTRY? INDUSTRY Baltimore Maryland IIS 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME John Joseph Gilman Grace Redding 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT Address 16. SOCIAL SECURITY NO. (Yes, no, or unknown) (If yes give wor or dates af service) 7262 Hospital Records 216 16 Chestertown, Md. 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), ond (c)
PART 1. DEATH WAS CAUSED BY: INTERVAL BETWEEN ONSET AND DEATH IMMEDIATE CAUSE (a)

DUE TO NEllitus Canditions, if ony, which gave rise ta immediate cause (a). DUE TO stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? CERTIFICATION NO 20g. ACCIDENT WAS UNDERLYING [20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I ar Part II af item 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, (City ar town) (County) (State) Haur a.m foctory, street, office bldg., etc.) at wark 10/11 . 19 67, that (I) (we) last 21. I certify that (1) (this haspital) attended the deceased fram. 10/10 19 67 ta 1967, and that death accurred at saw the deceased alive an 10/11 M. fram causes and an the date stated above 11:30 P.M. 22a. SIGNATURE 22b. DATE SIGNED M.D. 22d. ADDRESS

O FUNERAL DIRECTOR: director, page 3 sho should be filed with

requires that the deoth certificate be executed within:24 hours of

ATTENDING PHYSICIAN: The law

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> 10/14/67 24. / FUNERAL DIRECTOR

22c. PHYSICIAN'S

23a. BURIAL, CREMATION,

NAME (Type)

REMPAYAL (Spacity)]

23b. DATE THEREOF

Dr. Jorge Oteiza

ADDRESS Chestertown, Md.

Wesley Chapel Cem

23c. NAME OF CEMETERY OR CREMATORY

2Sa. REC'D BY REGISTRAR

23d. LOCATION (City or Town)

Chestertown, Maryland

Rock Hall, Md. 2Sb. REGISTRAR'S SIGNATURE

(Stote)

(County)

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH death. uneral death. and PLACE OF DEATH a. COUNTY 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) b. COUNTY Kent Kent. hours after MARYLAND b. CITY OR TOWN (if outside corporate limits, c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b write RURAL and give nearest town) Millington. Millington e. IS RESIDENCE ON A FARM? d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS filled 24 = NOK YES completely/1 with Within carbon 3. NAME OF First Middle Last DATE Month Day Year DECEASED ALBERT VANSANT October 15. 19 67 DEATH (Type or print) executed AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 8. DATE OF BIRTH 6. COLOR OR RACE remove 7. MARRIED X NEVER MARRIED last birthday) Months Days Hours апу and December, 5, 1903 WIDOWED [DIVORCED Male White 5 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INDUSTRY 12. CITIZEN OF WHAT 11. BIRTHPLACE (County & State, or foreign country) d by the attending physician ransit permit. Then please cremation, or removal, and in COUNTRY? PHYSICIAN: The law requires that the death certificate be U.S.A. Farming. Md. Ret. Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Sarah Edna Duling Elliott Vansant 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY ND. Address (Yes, no, or unkown) (If yes give war or dates of service) 217-36-1141 Mrs. Grace P. Vansant, Millington, Md. 21651 No. 18. CAUSE DF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN been signed by the burial-transit or to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY: the hospital or attending physician. IMMEDIATE CAUSE (a) DUE TO Cenditions, If any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last. has 38 19. WAS AUTOPSY PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED certificate hither than the control of Health p PERFORMED? ICATI NO T CERTIFI 2Da. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) hed f MEDICAL (County) (State) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 2De. PLACE OF INJURY (Home, farm, 2Df. (City or town) factory, street, office bldg., etc.) Hour a.m. While Not While After p.m. 19 at work at work retained 0 21. I certify that (I) (this hospital) attended the deceased from DIRECTOR: age 3 should led with the 15 (oct and that death occurred at M. from the causes and on the date stated above. saw the deceased alive on... 22b. DATE SIGNED SIGNATURE page MED. DIRECTOR PHYS. Page 4 may 4 may PHYSICIAN'S NAME (Type) 22d. ADDRESS FUNERAL director, p should be 1 Clayton, Del. Richard Comegys. M.D. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State REMOVAL (Specify) 2 Md. Millington, Kent Co: Burial Oct.18.1967 Millinaton Cemeterv 25a. REC'D BY REGISTRAR | 25b. 24. FUNERAL DIRECTOR **ADDRESS** Edward Fellows & Son. Millington, Md. 21561 VR A15 (4) 20M 1/65

MARYLAND STATE DEPARTMENT OF HEALTH

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VR A15 (4) 25M 1/67

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201

CEDTICICATE OF DEATH

	CERTIFICATI	OI DEATH	25 100	
1. PLACE OF DEATH a. COUNTY Kent	MARYLAND	2. USUAL RESIDENCE (WI o. STATE Maryland	b. COUN	ion: Residence befare admissian) NTY P. T.
b. CITY OR TOWN (If outside corporate write RURAL and give nearest tawn	imits, c. LENGTH OF STAY IN 1b		ide carporate limits, write RUF	
Chestertown	23 days	Rock Hall		14-1
d. NAME OF HOSPITAL OR INSTITUTION Kent & Queen Anne		d. STREET ADDRESS		e. IS RESIDENCE ON A FARM? YES NO X
3. NAME OF	First Middle	None Last	4. DATE Mont	
OFCEASEO	lara May	Willson	OF	13 1967
S. SEX 6. COLOR OR RACE		8. DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HRS
Female White	WIDOWEO DIVORCED	3/21/1909	last birthday) 58 yrs.	Months Doys Haurs Min.
10o. USUAL OCCUPATION (Give kind of wark of during most of warking life, even if retired)	one 10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (Caunty &		12. CITIZEN OF WHAT COUNTRY?
Seamtress	Sewing Factory	Marylan	nd Maryland	US
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
John Frank Usilto	n	Laura Elle	n Volk	
1S. WAS DECEASED EVER IN U.S. ARMED FOR	ES? 16. SOCIAL SECURITY NO. 17.	INFORMANT	Addre	229
(Yes, no, or unknawn) (If yes give war ar do		spital Recor	de Cheste	rtown, Md. 21620
18. CAUSE OF DEATH (Enter only an		Spical Recor	us onesce	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY:	111	· Coacia		ONSET ANO OEATH
157X IMMEDIATE O	DUE TO	<u> </u>	10116	
Conditions, if any, which gove	(b) tron 1 a	10011005		12.140
rise to immediate cause (a),	DUE TO	V-CV Cal		0-00,
stating the underlying cause last.	(c)			The state of the same of
PART II. OTHER SIGNIFICANT CONDITIO	NS CONTRIBUTING TO OEATH BUT NOT RELATED TO	THE TERMINAL DISEASE COND	ITION GIVEN IN PART 1(a)	19. WAS AUTOPSY
NO.				PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING COR CONTRIBUTING CONSECUTION OF DEATH OF THE PROPERTY OF THE PRO	20b. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in Po	art 1 or Part II of item 18)	7.5 10 10
GR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)				
20c. TIME OF INJURY Manth, Day, Ye Haur a.m.	or 20d. INJURY OCCURRED 20e. PL/	ACE OF INJURY (Hame, farm,	20f. (City or town)	(Caunty) (State)
Haur a.m.	While Not While fac	tary, street, affice bldg., etc.)		, , , , , , , , , , , , , , , , , , ,
p.m.	hospital) attended the deceased fram_	Sept. 20 10	67 to Oot 13	10 67 that (I) (wo) le
saw the deceased alive a	Oct. 13 19 67 and the	it death accurred at_		and an the date stated above
22g. SIGNATURE		1	0:24 A.M.	22b. DATE SIGNED
(1)	tech M	D. PHYS.	NED. STAFF PHYS.	10.13.6
22c. PHYSICIAN'S NAME (Type)	/_	22d. ADDRESS		
NAME (Type) Dr. A.	T. Keefe	Chesterto	wn, Maryland	21620
23g. BURIAL, CREMATION, 23b. DAT	THEREOF 23c. NAME OF CEMETERY OR	CREMATORY	23d. LOCATION (City or Tox	
Burial 10/1	5/67 Chester Cen	netery	Chesterto	own, Md.
24. FUNERAL DIRECTOR	Willis Wells	2Sa. REC'D	BY REGISTRAR 2Sb. RE	GISTRAR'S SIGNATURE
Wells Wel	Chestertown, N	A DATE OF	CT 17 1967	Milantes Judge

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